PTQ/SB/05 (08-03)

Approved for use through 7/3//2008. CMB 0551-0032
U.S. Palerd and Trademark Office: U.S. DEPARTMENT OF COMMERCE
to a collection of Information unless 8 displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docks Member 10 6/4/25		
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)							SMALL ENTITY		OR.	OTHER THAN SMALL ENTITY	
	FOR	NUMBE	NUMBER FALED		NUMBER EXTRA		RATE	FEE		RATE	FER
BASTI D7 C	CFEE FR 1.16(a))					1		1	OR		1
YOY	L CLAIMS FR 1.16(c))		minus 20 • ·				x 1		OR	x 1•	
HOE	PENDENT CLAIM	is	enthers 3 m				x 1 •		OR	x s	
(D) CFR (.16(b)) AUTOM PRESENT (D) CFR (.16(d))						+1 .		OR			
"If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	
* a ti					-				•	•	
CLAIMS AS AMENDED - PART II  Cohumn 11 (Cohumn 2) (Cohumn 3)						SMALL E	ENTITY	OR	OTHER SMALL		
N A	1-2004	CLAINS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		FIAS	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE
AMENOMENT	Total Or o's s.ts(c)	B	Minus	<i>- 20</i>	• 5		x3*5		OR	x 5•	
	Independent (37 GTR 1,1600)		Minus	<u>"3</u>	• (		x 8=		OR	× 4	/_
¥	FIRST PRESENTATION OF MARTIPLE DEPENDENT CLAIM (17 CFR 1,16(4))						+5		OR	+ 5	
							TOTAL ADD'S FEE		OR	TOTAL ADD'L FEE	(
(Column 1) (Column 2) (Column 3)									-		
8 17	0/8/05	CLAMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total DI CRILINO	. 8	Minus	<sup>-</sup> 20	<b>'</b> — ·		x 5 25.		OR	x 50 .	
AMENDMENT	Independent par of it 1,450-9	• 1	Minus	<del>"</del> 3	• -		x 1(00 .	<u> </u>	OR	x : 200.	
AM	FIRST PRESENTATION OF MILITIPLE DEPENDENT CLAIM (37 CFR 1.14(4))						+:180.		OR	·:360.	
(Column 1) (Column 2) (Column 3)							TOTAL ADD'L FEE		OR	ADD'L FEE	
		(Column 1)		(Cotumn 2)		·	_	1			
NT C	8/4/05	CLAMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Local lette	8	Minus	-20	•		x \$*		OR	x3	
AMENDMENT	Independent pr c/R 1,16(68)	1	Minus	<u>"3</u>	•		x s=		OR	K 5	
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASM (37 CFR 1.16(d))					}	+s .		OR	TOTAL	
									OR	ADD'L FEE	
	• If the entry in o	polumn 1 is less the Number Previous Number Previous	en the entry by Paid For y Paid For	y in column 2, wri IN THIS SPACE IN THIS SPACE Total or Indepen	is loss than 3	ani		. th., p.,	hla hasin	ealuma 1	

"If the "Highest Number Previously Paid For" (I THIS SPALE IS uses usual, a way of the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fide (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated by take 12 minutes to complete the individual case. Any comments including gethering, preparing, and submitting the complete the somplete the sometime form to the USPTO. Time will very deponding upon the individual case. Any comments including gethering, perspection, and submitting the complete the somplete the sometime for motion to the USPTO. Time will very deponding upon the individual case. Any comments including gethering, preparing, and submitting the complete the somplete the sometime for including the sometime for pour require to complete the sometime for educing this burden, should be sent to the Chief Information Office. U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS and Trademark Office. U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450.

Hyou need exsistence in completing the form, call 1-809-PTO-9199 and select option 2.